

**BABY NUTRITION QUESTIONS (Birth–5 months)**

Baby's Name: \_\_\_\_\_

Baby's Age: \_\_\_\_\_

**Please circle or write your answers to the following questions:**

1. What month is your baby's next doctor's appointment? \_\_\_\_\_

2. **In the last 24 hours (day & night), how many wet diapers did your baby have?** \_\_\_\_\_**How many dirty (poopy) diapers did your baby have?** \_\_\_\_\_

3. Circle all the ways you would describe your baby's poop:

Color:    *Black & Sticky*    *Brownish to Greenish*    *Yellowish & Seedy*    *Other* \_\_\_\_\_Texture:    *Firm*    *Hard & Pebbly*    *Soft*    *Watery*    *Other* \_\_\_\_\_4. **How do you know when your baby is ready to eat?** \_\_\_\_\_**How do you know when your baby is full?** \_\_\_\_\_5. **If you breastfeed your baby:****How many times in 24 hours do you breastfeed?** \_\_\_\_\_

How is breastfeeding going? (not good) 1 ..... 2 ..... 3 ..... 4 ..... 5 (great)

6. **If you feed your baby formula:****How often does your baby take a bottle of formula?** \_\_\_\_\_**How many ounces of formula does your baby drink at a feeding?** \_\_\_\_\_**What brand of formula do you give your baby?** \_\_\_\_\_**Explain how you make the formula.** \_\_\_\_\_

How is formula feeding going? (not good) 1 ..... 2 ..... 3 ..... 4 ..... 5 (great)

7. **If your baby uses a bottle:**♦ **Where are all the places your baby takes a bottle?**    *Bed*    *Stroller*    *Car Seat*  
*Held in someone's arms*    *High-Chair*    *Other (list)* \_\_\_\_\_♦ **What does your baby drink from the bottle?**

<i>Water</i>	<i>Rice Water</i>	<i>Hi-C/Punch</i>	<i>Coffee</i>	<i>Breastmilk</i>
<i>Water with Sugar</i>	<i>Cereal</i>	<i>Soda</i>	<i>Tea</i>	<i>Formula</i>
<i>Water with Honey</i>	<i>Milk</i>	<i>Lemonade</i>	<i>Manzanilla/Chamomile Tea</i>	
<i>Water with Karo Syrup</i>	<i>Gatorade</i>	<i>Juice</i>	<i>Other</i> _____	
<i>Jell-O Water</i>	<i>Pedialyte</i>			

8. **What foods does your baby eat?**

<i>Baby Cereal: Rice, Oats, Barley or Mixed</i>	<i>Meats</i>	<i>Baby Desserts</i>
<i>Vegetable/Meat Dinners</i>	<i>Egg Yolks</i>	<i>Other</i> _____
<i>Vegetables</i>	<i>Egg Whites</i>	<i>None</i>
<i>Fruits</i>	<i>Whole Eggs</i>	

9. **I give my baby:**    *Vitamins*    *Fluoride*    *Iron Drops*    *Medicine*    *None*    *Other* \_\_\_\_\_10. My baby currently has:    *Allergies*    *Wheezing*    *Rash*    *Constipation*  
*Diarrhea*    *Colic*    *None*    *Other* \_\_\_\_\_

11. What questions do you have about how your baby is eating and growing?

**For Staff Use Only**

Date: \_\_\_\_\_ WIC Staff Name: \_\_\_\_\_

Participant WIC ID #: \_\_\_\_\_ Length: \_\_\_\_\_ Weight: \_\_\_\_\_

